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## \*BIBDATASHEET\*

CONFIRMATION NO. 6032

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/690,158	<b>FILING OR 371(c) DATE</b> 10/16/2003 <b>RULE</b>	<b>CLASS</b> 438	<b>GROUP ART UNIT</b> 2891	<b>ATTORNEY DOCKET NO.</b> AFD 623
<b>APPLICANTS</b> Mark A. Michalicek, Usafo, CO; <i>DM</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/419,335 10/17/2002 <i>DM</i> and claims benefit of 60/419,336 10/17/2002				
<b>** FOREIGN APPLICATIONS *****</b> <i>DM</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/28/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and <i>DM</i> Acknowledged <i>DM</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 26902				
<b>TITLE</b> OFF SUBSTRATE FLIP-CHIP APPARATUS				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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